

**United States Department of Labor  
Employees' Compensation Appeals Board**

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**KIM CALDWELL, Appellant**

**and**

**U.S. POSTAL SERVICE, POST OFFICE,  
Dayton, OH, Employer**

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**Docket No. 05-813  
Issued: July 12, 2005**

*Appearances:*

*Alan J. Shapiro, Esq., for the appellant*

*Office of Solicitor, for the Director*

*Case Submitted on the Record*

**DECISION AND ORDER**

Before:

ALEC J. KOROMILAS, Chairman  
COLLEEN DUFFY KIKO, Member  
DAVID S. GERSON, Alternate Member

**JURISDICTION**

On February 23, 2005 appellant filed a timely appeal of the December 22, 2004 merit decision of the Office of Workers' Compensation Programs, which terminated her compensation and medical benefits. Pursuant to 20 C.F.R. §§ 501.2(c) and 501.3(d), the Board has jurisdiction over the merits of the claim for a schedule award.

**ISSUE**

The issue is whether the Office properly terminated appellant's compensation and medical benefits effective February 5, 2004 on the basis that she recovered from her April 12, 2001 employment injury.

**FACTUAL HISTORY**

Appellant, a 48-year-old flat sorting machine operator, has an accepted claim for bilateral carpal tunnel syndrome arising on or about April 12, 2001. She underwent a right carpal tunnel release on October 10, 2001, followed by a left carpal tunnel release on January 17, 2002. Dr. William G. Littlefield, a Board-certified orthopedic surgeon, performed both procedures.

Appellant received appropriate wage-loss compensation. On March 4, 2002 she returned to work with a restriction of no lifting over five pounds. On August 15, 2002 Dr. Littlefield advised that appellant reached maximum medical improvement and he imposed permanent work restrictions. While appellant was able to work an eight-hour day, she was limited to four hours of pushing, pulling and lifting of 10 pounds. Dr. Littlefield also limited appellant to four hours of repetitive movements of the wrists.

Dr. Rangasami Varadachari, a Board-certified orthopedic surgeon and Office referral physician, examined appellant on September 17, 2002. He indicated that appellant had excellent postoperative results and her physical examination was unremarkable. Additionally, there were no residual sensory symptoms. Dr. Varadachari did, however, note a slight weakness of grip bilaterally, which he attributed to appellant's surgeries. He indicated that appellant's full strength would probably return within the next three months. Dr. Varadachari imposed a 10-pound restriction with respect to pushing, pulling and lifting. He also limited appellant to four hours of repetitive wrist movements. These restrictions were to remain in effect for a three-month period.

In January 2003 the Office again referred appellant for a second opinion evaluation. Dr. E. Gregory Fisher, a Board-certified orthopedic surgeon, examined appellant on February 13, 2003. He indicated that other than the healed incision scars, there were no objective findings. Appellant had full motion of her wrists and fingers, her sensation was intact and there was no evidence of atrophy. Dr. Fisher stated that he believed appellant's accepted condition had resolved. He further indicated that appellant should be able to lift items weighing 35 to 40 pounds frequently, and occasionally 50 pounds. Dr. Fisher surmised that after another two months appellant should be able to lift 50 pounds without restriction.

The Office declared a conflict in medical opinions based on the opinions of Drs. Littlefield and Fisher. Accordingly, the Office referred appellant for an impartial medical evaluation. In a report dated July 31, 2003, Dr. Rudolf A. Hofmann, a Board-certified orthopedic surgeon and impartial medical examiner, noted the absence of any obvious swelling, deformity or muscular atrophy of either upper extremity. He also reported full active painless range of motion of both wrists and all finger joints and no tenderness in either wrist. Additionally, Dr. Hofmann reported no loss of grip or pinch strength and no sensory deficit. He found that except for appellant's well-healed scars, there was no objective residual of the accepted condition of bilateral carpal tunnel syndrome with surgical releases. Dr. Hofmann stated that the allowed conditions had resolved.

On August 25, 2003 the Office issued a notice of proposed termination of compensation and medical benefits. The Office found that the impartial medical examiner's July 31, 2003 report represented the weight of the medical evidence of record. Appellant was afforded 30 days to submit any additional evidence or argument.

In a September 24, 2003 report, Dr. Littlefield indicated that appellant developed synovitis and extensor tenosynovitis following surgery, which persisted and was related to her underlying carpal tunnel syndrome. He further stated that the current condition was also related to the repetitive activities appellant performed at work. Additionally, Dr. Littlefield noted that

appellant had permanent restrictions as annotated in an October 9, 2002 work capacity evaluation (Form OWCP-5c).<sup>1</sup>

The Office forwarded Dr. Littlefield's September 24, 2003 report to Dr. Hofmann for his review and comment. In a supplemental report dated November 6, 2003, Dr. Hofmann indicated that appellant's medical records did not support a diagnosis of extensor tenosynovitis and wrist synovitis. He noted that Dr. Littlefield's treatment records and his two surgical reports did not identify symptoms indicative of tendinitis, synovitis or tenosynovitis. Dr. Hofmann further indicated that follow-up examinations conducted by himself, Dr. Fisher and Dr. Varadachari also did not describe any symptoms or findings of a wrist extensor tenosynovitis. The only mention of wrist synovitis and extensor tenosynovitis appeared in Dr. Littlefield's June 19, 2002 treatment notes and Dr. Hofmann noted that the physical findings described therein were minimal and not typical of a tendinitis or a tenosynovitis. The only physical finding Dr. Littlefield reported was "tenderness at the wrist." Dr. Hofmann explained that there was insufficient support for a diagnosis of extensor tenosynovitis and wrist synovitis. He also noted that there was no documentation that the condition could or would be related to appellant's accepted condition or any work factors. Lastly, he noted that at the time of his July 31, 2003 examination these diagnoses were not present.

By decision dated February 5, 2004, the Office terminated appellant's wage-loss compensation and medical benefits. The Office also found that appellant did not suffer from extensor tenosynovitis or synovitis.

Appellant requested an oral hearing, which was held on October 26, 2004. In a decision dated December 22, 2004, the Office hearing representative affirmed the February 5, 2004 decision terminating compensation and medical benefits.

### **LEGAL PRECEDENT**

Once the Office accepts a claim and pays compensation, it bears the burden to justify modification or termination of benefits.<sup>2</sup> Having determined that an employee has a disability causally related to his or her federal employment, the Office may not terminate compensation without establishing either that the disability has ceased or that it is no longer related to the employment.<sup>3</sup> The right to medical benefits for an accepted condition is not limited to the period of entitlement to compensation for disability.<sup>4</sup> To terminate authorization for medical treatment, the Office must establish that appellant no longer has residuals of an employment-related condition which require further medical treatment.<sup>5</sup>

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<sup>1</sup> The record does not include an October 9, 2002 Form OWC-5c. Dr. Littlefield first mentioned the presence of bilateral wrist extensor tenosynovitis and wrist synovitis in his June 19, 2002 treatment notes.

<sup>2</sup> *Curtis Hall*, 45 ECAB 316 (1994).

<sup>3</sup> *Jason C. Armstrong*, 40 ECAB 907 (1989).

<sup>4</sup> *Furman G. Peake*, 41 ECAB 361, 364 (1990); *Thomas Olivarez, Jr.*, 32 ECAB 1019 (1981).

<sup>5</sup> *Calvin S. Mays*, 39 ECAB 993 (1988).

## ANALYSIS

The Office determined that a conflict of medical opinion existed based on the opinions of Drs. Fisher and Littlefield. Therefore, the Office properly referred appellant to an impartial medical examiner.<sup>6</sup> Dr. Hofmann, the impartial medical examiner, reported that appellant's accepted condition of bilateral carpal tunnel syndrome had resolved following surgical releases in October 2001 and January 2002. He also noted that there was no need for any temporary or permanent work restrictions. The Board finds that the Office properly relied on the impartial medical examiner's July 31, 2003 report in determining that appellant's April 12, 2001 accepted employment injury had resolved. Dr. Hofmann's opinion is sufficiently well rationalized and based upon a proper factual background. He not only examined appellant, but also reviewed appellant's medical records. Dr. Hofmann also reported accurate medical and employment histories. Accordingly, the Office properly accorded determinative weight to the impartial medical examiner's findings.<sup>7</sup> As the weight of the medical evidence establishes that appellant's accepted bilateral carpal tunnel syndrome has resolved, the Office properly terminated appellant's wage-loss compensation and medical benefits.

Where appellant claims that a condition not accepted or approved by the Office was due to her employment injury, she bears the burden of proof to establish that the condition is causally related to the employment injury.<sup>8</sup> Dr. Littlefield diagnosed bilateral wrist extensor tenosynovitis and wrist synovitis, which he attributed to appellant's underlying carpal tunnel syndrome and repetitive activities at work. However, he failed to provide a rationalized medical opinion substantiating his diagnoses and his opinion on causal relationship.<sup>9</sup> Dr. Hofmann noted that the only physical finding reported by Dr. Littlefield was "tenderness at the wrist," and according to Dr. Hofmann this minimal finding was not typical of a tendinitis or a tenosynovitis. Dr. Hofmann also noted that when he examined appellant on July 31, 2003 there was no evidence to support a diagnosis of either extensor tenosynovitis or wrist synovitis. The Office properly found that appellant failed to establish that she suffers from employment-related extensor tenosynovitis and wrist synovitis.

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<sup>6</sup> The Federal Employees' Compensation Act provides that, if there is disagreement between the physician making the examination for the Office and the employee's physician, the Office shall appoint a third physician who shall make an examination. 5 U.S.C. § 8123(a); *Shirley L. Steib*, 46 ECAB 309, 317 (1994).

<sup>7</sup> In cases where the Office has referred appellant to an impartial medical examiner to resolve a conflict in the medical evidence, the opinion of such a specialist, if sufficiently well rationalized and based upon a proper factual background, must be given special weight. *Gary R. Sieber*, 46 ECAB 215, 225 (1994).

<sup>8</sup> *Jacquelyn L. Oliver*, 48 ECAB 232, 235-36 (1996).

<sup>9</sup> Causal relationship is a medical question that can generally be resolved only by rationalized medical opinion evidence. See *Robert G. Morris*, 48 ECAB 238 (1996). A physician's opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and implicated employment factors must be based on a complete factual and medical background of the claimant. *Victor J. Woodhams*, 41 ECAB 345, 352 (1989). Additionally, in order to be considered rationalized, the opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factors. *Id.*

**CONCLUSION**

The Board finds that the Office met its burden of proof in terminating appellant's wage-loss compensation and medical benefits effective February 5, 2004.

**ORDER**

**IT IS HEREBY ORDERED THAT** the December 22, 2004 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 12, 2005  
Washington, DC

Alec J. Koromilas  
Chairman

Colleen Duffy Kiko  
Member

David S. Gerson  
Alternate Member